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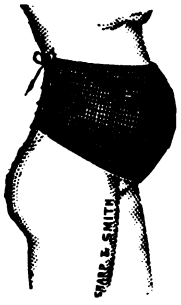

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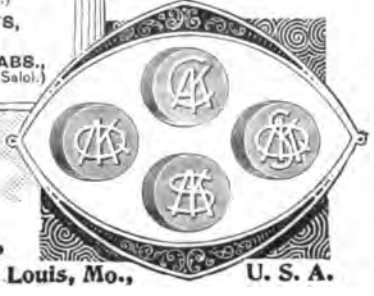

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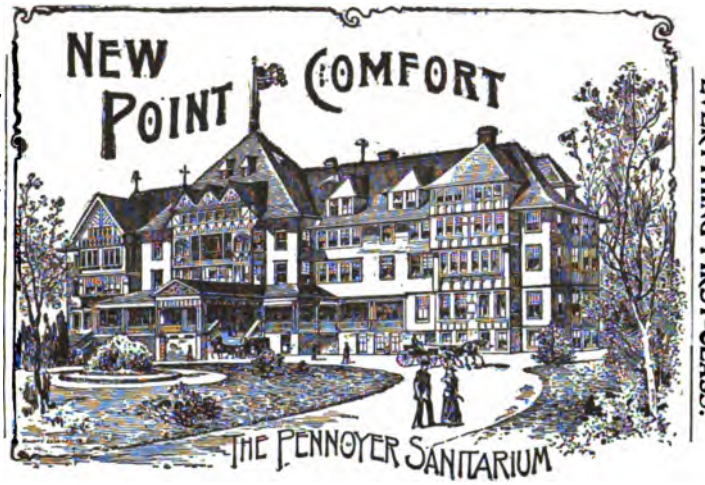

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BY

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EDITOR OF THE MEDICAL ERA
PROFESSOR OF DISEASES OF THE CHEST
IN THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE
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MEDICAL ERA

CH. GATCHELL, M. D., EDITOR.

VOL. XII. (VOL. XIV.) CHICAGO, OCTOBER, 1896. NO. 10

CONSERVATIVE SURGERY.

The medical profession has gaps in its armor.

It is a fact that the people have today less reverence for the physician than they had years ago.

The reasons for this are various, chief of which is the fact that they have learned that medicine is, to a great extent, an empirical science and an experimental art.

But the surgeon has not, as yet, shared in this partial loss of confidence. His methods are looked upon as being more exact than those of the medical man, and the people commit themselves to the surgeon's care with a feeling of greater helplessness, and, at the same time, of greater trust.

In the case of the skillful master of surgery, this feeling of trust is fully justified. It is only imperilled by tyros who rush in where surgeons fear to tread.

It is a curious fact that surgery is itself responsible for this state of affairs. Asepsis has placed the scalpel in the hands of the young man. Years ago only the gray-bearded patriarch was considered competent to conduct a capital operation. Even then, under the prevailing methods, the results, too often, were disastrous.

But today, since the cranial cavity, the pleural sac, the heart's envelope, the peritoneal folds and the sacred precincts of the pelvis, may with comparative impunity be invaded, the surgical aspirant is emboldened to a *trop de zèle* that is a blot upon a noble science and a disaster to mankind.

Nor is it the surgeon's *age* that is to be criticized. In matters of science, youth is today no bar to preferment. The young surgeon of the present is a savior of mankind as compared to his aged predecessor of no more than thirty years ago. But, with his other qualifications, the young surgeon should not be wanting in that indispensable requisite—discretion.

This *trop de zèle* cannot be too severely condemned. Medical men, even more than the sugeons themselves, can, and, in this matter, must, become the censors. It is the medical man who places in the surgeon's hands the case for operation. One who claims to be especially qualified in children's diseases must not be trusted with edged tools.

It is our opinion that, after having acquired his knowledge of anatomy, his skill as a diagnostician, and his deftness in the use of the knife, what the surgeon most needs to complete his equipment is an exceedingly sensitive conscience.

AN ADMIRABLE APPOINTMENT.

W. A. DEWEY, M. D., of New York, has been appointed Professor of Materia Medica and Diseases of the Nervous System in the Homœopathic Medical college of the University of Michigan.

The University is to be felicitated upon having been so fortunate as to secure the services of Dr. DEWEY. It is an admirable appointment. DR. DEWEY is so well and widely known as a master of his subject that his connection with the school will inspire its friends to renewed effort to put it on that high plane that it was intended by its founders it should occupy.

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OPINIONS EXPRESSED.

The forceps are benign in benign cases.—*Dr. L. C. Grosvernor.*

True epilepsy is always a central disease.—*Dr. Chas. L. Dana.*

The worst time to learn to use the obstetrical forceps is when you have to use them.—*Dr. L. C. Grosvernor.*

The first essential of a good surgeon is skill as a diagnostician; next is a knowledge of anatomy.—*Dr. H. R. Chislett.*

It should not be forgotten that drug cure is only one of several methods of cure.—*Dr. W. M. Van Denburg.*

Man is greater than any of his parts; to study his general condition is better than to squint into any particular viscus.—*Dr. Chas. L. Dana.*

I have delivered a woman who in a previous labor had had symphysiotomy performed, and there was no subsequent paralysis or other sequel.—*Dr. Wilson A. Smith.*

Guided by my own experience, I would never operate for symphysiotomy so long as there are instruments by which to perform craniotomy.—*Dr. A. C. Cowperthwaite.*

A difficult case of forceps delivery is undoubtedly surgical in character, and, when improperly performed, is capable of inflicting much permanent injury on the subject.—*Dr. Sheldon Leavitt.*

There seems never to have been a time in the history of surgery when so many were standing ready to operate upon anybody, for anything, and so many standing ready to be operated upon, as at present.—*Dr. Chas. Adams.*

In the administration of drugs for the cure of mental and nervous disorders we should exercise profound patience, and calmly await the effects of a selected remedy without introducing new and unnecessary drugs.—*Dr. Selden H. Talcott.*

AFTER-THOUGHTS.

A new Method of Prophylaxis.

The latest is a "Society for the Prevention of Hereditary Diseases." The organization was started by a score of young women in New York and the membership has rapidly grown. The method of prophylaxis against hereditary diseases is out of the usual line, and involves no use of serum or antitoxins. It consists of a pledge on the part of the young woman not to "enter into matrimonial alliance with any man whose family is subject to such hereditary diseases as consumption, insanity, or the appetite for strong drink."

We believe in giving this Society all possible encouragement. It is a move in the right direction. Young men who are matrimonially inclined would do well to consult its directory when in search of a sensible girl for a wife—providing he can himself show the proper credentials. We trust that there may soon be a branch society in Chicago.

The Same old Story.

In Hyde Park typhoid fever became epidemic. Its presence mystified the profession and the people. No one was able to account for its origin. Finally Dr. Geo. F. Washburne took it upon himself to investigate. He found that many of the afflicted families got their supply of milk from a common source. He took a train to Crown Point, Indiana, and there he discovered the source of the infection—there were several cases of typhoid fever among the inhabitants of the dairy farms that supplied milk to the Hyde Park families.

And yet there are some who even yet believe that typhoid is of spontaneous origin!

This is an *Era* of low prices, and here is a low-priced Era.

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THE DOCTOR TALKS.

"Did I ever tell you," asked the DOCTOR, "my opinion of germs?"

"Wheat-germs?" said I.

"Naw!" exclaimed the DOCTOR in a tone of disgust. "Germs, insects, bugs, these thing-a-ma-jigs that cause all the new-fangled diseases."

"O, schizomycetes, you mean," said I.

"What's that?" snapped the DOCTOR.

"Microbes."

"Yes, microbes," said he. "Did I ever tell you my opinion of them?"

"No, you never did," said I.

"Then I'll do it. Come with me."

The DOCTOR led the way to the elevator of the Bay State building, and in a few moments we were comfortably seated in chairs in his office, where, from the open window, we could overlook the busy throng on State street. At that moment we saw Adams come out of Central Music Hall building, cross Randolph street with that peculiar yachting gait of his, and disappear down a stairway.

"That's where he takes his luncheon," remarked the DOCTOR. "There's a French *Café* there under the Masonic Temple—one of the best places in the city. W'ell go over after my office-hour. But now I'll tell you all about this affair. In the first place, I want you to understand that I don't take any stock in it at all. It makes me tired to hear the young doctors talk about bacteria, and bacilli, and all sorts of 'cocci, just as if they were actual things, and try to account for the origin of all diseases by their presence. Why, they tell about their color, and size, and habits, and family life, and communities, and colonies, the color of their hair, size of hat, and all that sort of thing, just as you or I might discuss the tribes of Central Africa. And they also attempt to tell about the millions and billions and trillions that are about us everywhere. Pshaw! Don't you suppose if they were as thick as that I would have stumbled onto them myself long ago? Bet your life I would! And then, what disgusts me is to have these young duffers tell me that more than half the time I'm carrying around about a million or two of their 'cocci in my mouth. That makes me hot! Don't you s'pose I'd *taste* 'em! I've got the acutest taste your ever heard of! Can't fool me on anything. I can tell any brand of tobacco without seeing the tag. Then to tell me I've got a mouthful of their bugs and don't know it is just like telling me I don't know enough to eat when I'm hungry. It's just a little more impudence than I care to put up with.

"Now, I'll just tell you how this whole germ racket is worked. It's the doings of a German syndicate—as graceless a set of rascals as ever went unhung. One year they get together and make up a cock-and-bull story about a new germ they've discovered, and how you can't see it unless you prepare the meat according to their prescription, and squint your eye just as they tell you to.

"Well, all these American duffers do as they are told, and, Lo! they see the germs!

"Of course they do! Nothing strange about that. They are told they'll see them if they'll do certain things, and its just human nature to see what you set out to see. I've watched such performances in spiritualist meetings and hypnotism *séances* hundreds of times. The poor fools always see the spirit of their great grandmother whenever they're told to.

"Well, in this way the German syndicate sets our country wild on the new germs.

"But just wait and see what happens. 'Long about next Spring word comes over from the Fatherland that they've discovered some sort of an antidote that's a dead-shot on these very germs, and the announcement sets this country wild. It's the work

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of that same German syndicate. Going to catch the Yankees again!

"Then cable messages go across, ordering some of the stuff, and the next steamer brings an invoice of it, and by the price you pay you think that your share of the prize-package will be about as big as a trunk, but when you go to the express office for it you bring it home in your vest pocket. It's about the size of a hypodermic syringe case, and when you remove the wrappings of tissue paper and cotton you come down to a little glass tube filled with something that looks like water, for which you've paid about two dollars a drop.

"It's a base swindle," exclaimed the DOCTOR, striking the window-sill with his fist, "and it makes me hot! But I have to submit to the imposition, for the alleged virtues of the stuff have been set forth in all the newspapers, and if you don't use the 'new remedy' the dear people will just drop you with a dull, sickening thud, and call in some young squirt from across the street who was a muling, puking infant when you graduated. It's just enough to make a man retire from the profession in disgust.

"If you're going to use these 'new remedies' at all, its best to begin early, for they always cure when they first come out, long 's the excitement lasts. I've always noticed that. Then's the time to gather in the testimonials from suffering humanity so's to keep up business for a month or two after they've quit curing, and give the German syndicate time to get around with the next one. And they'll always do it! You can depend upon that.

"But the worst aggravation is to find, when the journals come from Germany, that tell all about the method of manufacture of the famous antidote, and you get one of these young conceits to read it for you, you find that the stuff is made out of old horses, balky mules, or something of the kind, that in Chicago would have gone to the bone-yard, or been worked up into fertilizer and sold at six dollars a ton, while these slow-going Germans work it up into bug-poison that sells for more than two dollars a drop. Now that they've run out of coal-tar, so they can't make any more 'derivatives,' they've started in on their superannuated horses and mules, and before the campaign is over I expect that they'll be making medicine out of dead cats and other bric-a-brac of that kind. I tell you, we Chicago Yankees aint onto our job, we aint as rapid as we think we are. O, when it comes to slick schemes, these German Yanks can give us points and beat us, hands down! We aint in it.

"Just think of the amount of money we've paid them for their old carcasses put up in dram vials! No wonder there was such a flow of gold to Europe last spring during the diphtheria season! I knew what was the matter, all the time, but nobody else seemed to. Even our ablest financiers were all at sea, and couldn't get onto the combination no how.

"Then, soon as the diphtheria season let up, the gold began coming back. I guess I know a thing or two! It stands to reason that it couldn't have been due to anything else. Neither the gold men nor the silver men understand the cause of the present financial disturbance as I do.

"Well, I just want to tell you that this germ business is being rather overdone, and I propose to call a halt.

"I've already begun to investigate the subject a little, so's to be able to show these fellows that are dead stuck on it that there's nothing in it. I bought a microscope and a lot of tools, and the next case of pneumonia I had in one of my families I managed to get a *post*, and I examined some of the lung tissue according to Hoyle, and found a nest of little chiggers in it that look like a lot of number thirty pellets placed side by side. Then I got some of the sputum from a case of

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consumption that I've been treating about a year, and examined that, and found something that looked like blue vermicelli cut up into bits. But it'll be hard to make me believe those things caused the disease. They're too small! The littlest things I ever saw. I think they were simply something my patients had been eating, gone the wrong way, for they both coughed like thunder.

"But I'm still investigating. The other night I went over to Rush and heard Senn lecture on the subject, and what he said was mighty interesting, and sounded reasonable enough if his premises were only right. But I don't take much stock in it. It's too plausible. I'm always skeptical of things that fit a case a little too exact. He explains it so clear that it makes me suspicious. And then, he's German, you know. Can't tell what relation he bears to that syndicate. But I'm going to hear him some more. It's just as interesting as if it was all true.

"Why, it's come to such a pass that you can't mix with medical men at all any more, or go to a society meeting, without this subject coming up. I have heard so much of it that I can't think of anything else, and it even haunts my sleep. Why, what do you s'pose my wife says? She says that last night—I'd been out to Senn's lecture in the evening, you know—I kept talking in my sleep, and it was a long time before she could make out what I was saying. But finally she got onto the combination, and she says I was muttering over something like this:

"'Germs in the air,
Germs in the sea,
Germs wherever you may be;
Germs in you, and
Germs in me,
German germs from Germanee.'"

All of which is truthfully reported by SELAH.

ORIGINAL ARTICLES.

FORCED FEEDING IN PROFOUND NEURASTHENIA.

BY JNO. W. STREETER, M. D., CHICAGO.

PROFESSOR OF MEDICAL AND SURGICAL DISEASES OF WOMEN AND CLINICAL GYNECOLOGY IN THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

THE importance of hyper-nutrition in those nerve-starved conditions which are classed under the general name of neurasthenia, and the difficulty found in accomplishing this result, are sufficient warrant for this short paper.

Very few physicians understand with what ease and comfort most patients can be over-fed by means of the nasal tube. Most anæmic, and all neurasthenic patients, will not or can not take sufficient food for daily use. The more profound the prostration the larger the deficit and the greater the loathing for food. Long continued rest-treatment, careful medication, change of scene and other methods of management will gradually improve most of these patients; but no other method will give such quick and satisfactory results as forced feeding.

My experience warrants the belief that the distaste for food in nervous cases is limited to the mouth, fauces, and upper third of the œsophagus; that below these regions there is perfect tolerance of large quantities. This means that food is tolerated when it is not *tasted*, and that large quantities of liquid food can be placed in the stomach without causing nausea or any other disagreeable symptoms. Indeed, vomiting is of rare occurrence after forced feeding, and when it does occur it is due to some slight error in the technique of the operation, *i. e.*, the fauces are irritated in passing the tube, or the tube is allowed to dribble in withdrawal, giving the taste of food. When the operation is carefully performed I have never known vomiting to occur excepting with one rebellious patient who, as soon as her nurse's back

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was turned, tickled the fauces with her finger.

I first used this method of feeding in a case of puerperal mania, eighteen years ago. Since that time I have resorted to it frequently, always with favorable, and often with remarkable results.

Let me give the details of this simple operation, and then add the formula of the food which has served me best.

If the patient will take a moderate quantity of food voluntarily the nasal feeding is done but once in twenty-four hours. If, however, little or no food is willingly taken, the forced feeding should be accomplished twice daily. The technique is very simple. The formula given below (or one equivalent to it) is put into a clean fountain syringe which has a small hard-rubber nozzle at the end of its hose; and the end of this nozzle is introduced into a No. 8 soft catheter. A little of the fluid is allowed to run out. The bag is then hung five feet above the head of the patient as she lies in bed. The operator kneels at the head of the bed on the right side so that his left arm can hold firmly the patient's head and at the same time elevate the chin sufficiently to bring the posterior nares nearly into a line with the œsophagus. Now one finger of the left hand is used to push up the tip of the nose to open the nostrils. The catheter, having been thoroughly lubricated throughout its entire length with white vaseline is suspended above the patient's face by the nurse, who holds two or three feet of the tube in her hand. Grasping the catheter about four inches from its point, the operator easily passes it through the nose and by rapid motions slips it into the œsophagus until the whole length of the catheter has disappeared. Then the fluid is permitted to flow.

The point of the catheter is far below the area of either special or ordinary sensation, and the fluid is poured into the stomach without the knowledge of the patient. When the bag is empty the stop-cock is closed and the tube is rapidly withdrawn. A towel should be held around the tube as it is withdrawn to dry the nostrils and catch the last drops from the catheter. Much depends upon dexterity and exactness in following out these details. Any awkwardness is apt to excite nausea.

Refractory patients must be firmly held during the entire process. Two accidents are to be looked for: *first*, the curling of the catheter forward into the mouth, which is evidenced by a chewing motion; and, *second*, the intubation of the glottis, which gives cough and choking.

These accidents are immediately corrected by withdrawing the tube to the posterior nares. It is often difficult to pass the catheter through the right, or the left nostril, but I have not met a case in which it could not be easily done through *one* of them.

I call attention to this method of feeding, not that it is new, but on account of its simplicity and wonderful usefulness. Some remarkable results have followed its use in my hands, and I am impelled to recommend its consideration in all cases of profound neurasthenia.

The following formula is the one which I commonly use. The alcohol may be omitted if desirable:

Malted Milk, four ounces;
Extract of Beef, one-fourth ounce;
Ferrated Malt, one-half ounce;
Cod-Liver Oil, one-half ounce;
Whisky, one ounce;
Eggs (beaten), two ounces;
Cream, eight ounces;
Milk, sixteen ounces.

The malted milk and beef extract are to be smoothly dissolved in the milk; the other ingredients are then added (with the exception of the eggs) and the whole mass is to be heated to 110° Fahrenheit. The beaten eggs are placed in a pitcher into which the food is strained through two thicknesses of gauze. It is then poured into the bag of the syringe and is ready for use.

2646 CALUMET AVENUE.

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THE OBSTETRIC FORCEPS.

BY SHELDON LEAVITT, M. D., CHICAGO.

PROFESSOR OF OBSTETRICS IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

THE design of the present paper will not permit me to enter upon a history of this useful instrument, nor have I a disposition to do so, since the discussion at this time expected is not intended so particularly for the medical student as for the physician who seeks to make himself proficient in this branch of surgery. Neither will I be permitted to enter into a minute study of the mechanism of forceps delivery, with which the thoroughly-furnished specialist may find it convenient to be familiar. At the same time it will be my aim to raise the subject of forceps delivery out of the common, or at most, semi-surgical position, which it now occupies. A difficult operation of this kind is unqualifiedly surgical in character, and when improperly performed is capable of inflicting much permanent injury upon the subject; yet it is commonly undertaken by men and women who would shrink from opening an abscess situated anywhere but in the most superficial locality. The subject really involves much of science and art, and should be made thoroughly familiar to those who take a practical interest in it.

It is important, first of all, that one become familiar with the instrument itself. We are provided with the long forceps and the short forceps. The former is in more common use, and is best suited to a delivery which is likely to require much traction effort. The short forceps owes its brevity to the abbreviation, or entire absence, of the shank, and the shortness of the handle; the fenestrated part of the instrument not being materially smaller, though thinner, than that of the long forceps. It is recommended chiefly because of easy portability, and the possibility of robbing the operation in some degree of its formidable aspect. It is claimed by those who advocate the use of this instrument that its application is so simple as sometimes to escape the notice of the patient herself. Of this we have serious doubt; but, even if true, let us understand that it establishes no important claim in its favor, inasmuch as an operation so undertaken cannot be conducted with the scrupulous regard for the antiseptic precautions which properly belong to every such procedure.

Consequently the description which I shall give is of the instrument commonly known as the long forceps. Of this there are many patterns; and, while they all have the same general features, there is no doubt that some possess advantages for ordinary use which are worthy special consideration. The features to be sought are: (1) handles of moderate length and so curved as to give axis-traction benefits; (2) blades as light as the necessary strength will justify; (3) a cephalic curve sufficiently pronounced to insure firm hold upon the head even when the blades are widely separated, as in application over the long cranial diameters; and (4) a pelvic curve acute enough to enable the points of the blades easily to clear the pelvic brim without excessive depression of the handles.

The Salient Features of the Instrument.—The blades of the instrument are constructed with fenestræ of a form corresponding to that of the blade itself, the intention of which is to diminish its weight, and at the same time to augment the retentiveness of its hold upon the fœtal head. The blade requires to be strongly made, hence the best quality of steel should be used in its construction.

In order that compression may be equably applied and that the instrument may conform itself better to the shape of the fœtal head, the blade is provided with what is termed the "cephalic curve." We believe with Dr. Landis, that, "with a proper head-curve the tips of the blades will approximate to such an extent when the in-

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strument is applied, that traction upon the blades brings their distal end upon the further end of the head, so as to not only securely hold it, but also to push it onwards. When forceps are said to slip during their use one of two things is certain: either the head-curve of the instrument is insufficient, or the blades have not been properly applied." He should have added, perhaps, or traction is not made in the right direction.

The "pelvic curve" is also a feature of the utmost importance, since by virtue of it the forceps is made to conform to the curve of the parturient canal, and, with handles of proper shape, extraction is more easily effected. This curve begins near the distal end of the blade and is continued for a distance upon the shank.

Obstretic forceps are usually provided with handles of sufficient size and length to insure to the operator a firm hold. Wood and vulcanite were formerly used in the construction of the handles, but latterly, in order to make them aseptable, they are wholly of metal.

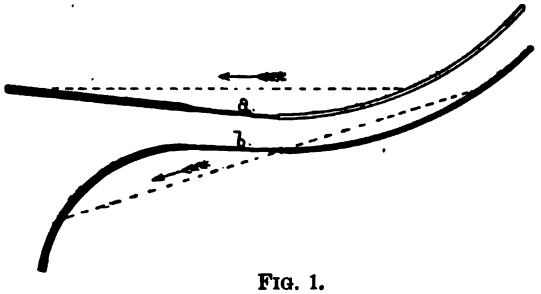

FIG. 1.
Showing difference in line of traction between forceps of different patterns: *a* Ordinary long forceps; *b* Leavitt's axis-traction forceps.

Axis-Traction Forceps.—Ever since the introduction of the long forceps into obstetric practice, there has been a sensible need of an instrument which would enable the operator to make traction in the axis of the various pelvic planes. If the pelvis were cylindrical in shape, the difficulties in the way of providing such an instrument would not exist; but it is far from being such. The curve of the parturient canal, as we all know, is extensive. In the erect posture, the plane of the pelvic brim lies at an angle of 60 degrees with horizon, and the plane of the outlet at an angle of but 11 degrees. This has reference to the bony pelvis. During labor, as the head descends it comes in contact with the pelvic floor, which it greatly distends, until the plane upon which it finally emerges, represented by a line drawn from the crown of the pubic arch to the posterior vulvar commissure, is almost vertical.

The long forceps, as ordinarily constructed, is provided, as we have seen, with a curve, conforming in some measure to the curve of the pelvic axis; and, therefore, when the instrument is applied to the head lying at or above the superior strait, traction is considerably diverted from its proper direction, and falls very largely upon the posterior surface of the symphysis pubis.

To be sure the difficulty presented, in most instances of forceps application at the pelvic brim, is overcome with tolerable facility by the long forceps as ordinarily constructed; but sometimes the brim is so relatively small owing to equable construction or unequal deformity, that only by dint of powerful traction and the most skillful manipulation can delivery be brought to a satisfactory close. In other instances the disproportion between head and pelvis is so great that the ordinary forceps cannot be made to effect delivery. It is in such cases that the axis-traction instrument is peculiarly serviceable. By means of it the head can be made to enter the pelvic brim in a direct course, and to follow the pelvic axis throughout.

To overcome the difficulties mentioned, and thereby to diminish the dangers to mother and fœtus associated with a delivery which necessitates powerful traction and the infliction of considerable injury upon the soft pelvic tissues, various devices have been suggested. For example the operator

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has been instructed to direct the line of traction into the pelvic axis by backward pressure upon the forceps during the traction effort. Some degree of aid may be obtained in this way, but it cannot be great, while those familiar with the clinical aspect of the case will recognize the danger of thereby displacing the forceps. Some years ago Tarnier devised an expedient in the shape of a special traction-rod attached to the proximal extremity of the blades, bent in such a way as to override the perineum and yet locate the handle well posteriorly, so as to insure the desired line of traction. This instrument, however, is expensive, heavy, clumsy, and is said to be difficult of application, save by experts.

Various other instruments have been devised to accomplish the same end, note of which, so far as we know, have given much satisfaction. Fourteen years ago the author of this treatise brought to professional attention the instrument figured in the accompanying cuts, which, in the hands of many hundreds, has answered every purpose. In using it the weight of traction effort should be at the extremity of the handles, as thus only is the proper line of traction obtained.

We believe that it serves the purpose of delivery under all conditions, and is the only forceps required in ordinary practice.

Designation of the Blades.—The two branches of the instrument are commonly designated by modern obstetricians as the "right" and the "left." Other applications, such as "male" and "female" and "upper" and "lower," are derived from the character of the lock and the position of the parturient woman.

In order to make the distinctions between the blades as perspicuous as possible, we may say that, when the forceps are held by the handles, right side upwards, that is to say with the concavity of the pelvic curve above, the handle which is to the left is that of the left blade, and the handle which is to the right is that of the right blade. It will be seen from this that the distinction is a just one, the more so as the left blade would naturally be handled by the left hand and the right blade by the right hand. But these distinctions are rendered still more emphatic by the fact that the left blade, when introduced, ordinarily goes more or less into the left side of the pelvis, and the right blade into the right side.

Accordingly, the terms "right" and "left" are the only ones which will be used to designate the blades in what I have to say on this subject.

Action of the Forceps.—The forceps is primarily and essentially a tractor, but, in a modified sense, it is also a lever, a compressor, and a rotator. As traction cannot be made without maintenance of hold upon the fœtal head, a certain amount of compression, varying in degree with the amount of traction force applied, is essential. That compression serves a very useful purpose beyond this, we seriously question. As a lever, it may be used for enforcing firm flexion of the head, and, in difficult cases, for canting the head and thereby augmenting the effect of traction. A certain amount of this oscillatory movement is permissible when made in a lateral direction; but the operator should beware of what has been termed the "pump-handle" movement, *i. e.*, movement, during traction, in an antero-posterior direction.

Rotary action of the instrument is performed mainly when the head lies fully in the pelvic cavity, having wholly cleared the superior strait. The demand for rotation of the fœtal head during forceps delivery is found in the altered mechanical relations proceeding from a failure of *vis a tergo* and the substitution of *vis a fronte*. If undertaken before the head has escaped the trammels of the brim, the movement is liable to require undue force and to result in injury of the soft pelvic tissues.

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Modes of Application.—I am not disposed to be dogmatic in my advocacy of particular modes of applying the instrument, and yet I deem a thorough understanding of this part of the subject absolutely essential to a safe and intelligent delivery. It is my habit to teach two distinct modes: one known as the "pelvic" and the other as the "cephalic." In the use of the former, the blades, when fully introduced, rest in the sides of the pelvis, and embrace the head over the poles of diameters varying with the position of the head. This mode of application is unwisely adopted by some accoucheurs under all circumstances, though it is well suited only to certain cases. In the use of the cephalic mode, the blades, when fully introduced, may lie antero-posteriorly, obliquely or transversely, their position being determined by the position of the fœtal head.

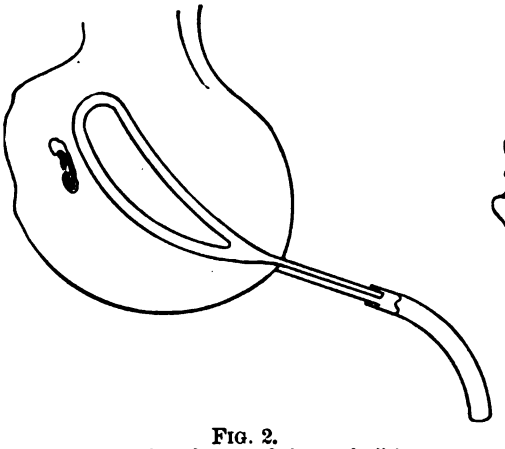

FIG. 2.
Forceps applied by "pelvic mode," in vertex presentation, second position.

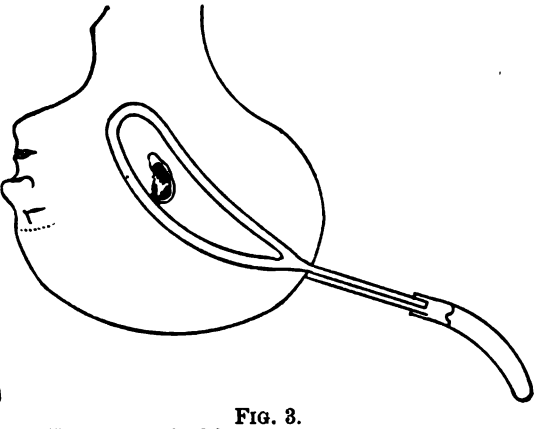

FIG. 3.
Forceps applied by "cephalic mode," in vertex presentation.

In brief, then, we may say that, in the pelvic mode, we disregard the position of the fœtal head, but are controlled altogether by the conformation of the pelvis; while in the cephalic mode we pay far less regard to the pelvic anatomy, but our application is controlled almost wholly by the position of the fœtal head.

As a general guide to choice between these two forms of application, I may say that the pelvic mode should be employed when the head lies at the pelvic brim or above it, and the cephalic, when it lies within the pelvic cavity or at the outlet.

The pelvic mode, while not suited to a low application, can be used with the head in any situation; while, on the contrary, the cephalic mode is adapted only to a low application, and can rarely be adopted when the head lies high.

In the pelvic method the blades most frequently cover the poles of an oblique cephalic diameter; while in the cephalic the head is always seized over its lateral surfaces.

That the cephalic form of application is safer to the fœtus, is beyond controversy, and the only reason for not adopting it under all circumstances is our absolute inability to do so when the head is situated high in the pelvis, since, in order to reach the sides of the head, it becomes necessary to turn the pelvic curve of the instrument counter to the curve of the parturient canal, a thing which cannot be done at such a height without violence to the soft pelvic structures. Consequently it is nearly always an operation of necessity rather than election, the chief objection to it lying in the fact that compression of the fœtal head with the forceps, one blade of which rests at the base of the brain and the other over a lateral as-

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pect of the sinciput, is far more dangerous to fœtal life than lateral compression.

The Technique.—The mechanism of forceps application is substantially the same in all cases; but since the details must differ in some respects in order to conform to the differing positions and presentations, we will undertake to describe application and delivery, with especial reference to their clinical phases under the varying conditions.

Application to the Vertex at the Brim and Above.—When the head presents by the vertex at the superior strait it is usually mobile, and susceptible to some degree of change by manipulation. Even introduction of the blades not infrequently causes slight rotation, so that the head may be inadvertently changed from a first to a fourth, or from a second to a third position, or *vice versa*. This free mobility of the head renders application somewhat difficult, but the difficulties are often greatly increased by incomplete dilitation of the os-uteri, which commonly exists when so high an application is demanded.

The pelvic mode of application is to be employed, which, as will now be understood, means deposition of the blades in the sides of the pelvis. The left blade always precedes the right, not because of any peculiar anatomical conformation, but because the form of the lock makes it preferable. The left blade being held in the left hand, is passed along the palmer surface of the finers of the right hand, which rests against the fœtal head within the circle of the os, until it reaches the head. Now, although the blade is at last to rest in the side of the pelvis, it must take a circuitous route to reach that situation. Its point, accordingly, will at first be directed backward and slightly to the left, until it reaches the fœtal head, but, owing to the peculiar form of the instrument, with its double curve, from this point onward it should be carried, by a broad sweep of the handle, backward and across the patient's right natis. At the close of this movement the handle will point downward and backward, the blade and shank being entirely within the vulva. The movement of introduction is always to be accomplished without force, and, if properly performed, it requires none. The right blade is now taken in the right hand, while the fingers of the left hand serve as a director. The movement of introduction corresponds to that required for the first blade, the direction only being changed. The handle of the right blade, at the close of the broad introductory sweep, approaches its mate and glides rapidly into place. The forceps is then in position.

Application above the brim is liable to be embarrassed by three conditions, namely: (1) mobility of the head, (2) large size of the head and (3) incomplete dilitation of the os-uteri. The first can be overcome only by painstaking efforts to avoid rotation of the head during introduction of the blades. More especial difficulty of this kind arises during application of the second blade, and we have best overcome it by making the spiral sweep of the instrument unusually broad. The second hindrance is sometimes exceedingly hard to overcome, and, if the head chance to be greatly out of proportion to the pelvic brim, we may utterly fail to acquire a firm hold upon it. This obstacle is also best surmounted by broadening the spiral sweep of introduction, while the head is pushed somewhat backwards by the hand of an assistant applied to the hypogastrium. The conditions under which these high applications are made sometimes render the third obstacle highly embarrassing. For example, in puerperal eclampsia we may feel the urgency of immediate delivery, but we often find that the os-uteri can be expanded but a little way, and presents iron resistance to all farther efforts.

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It may be possible to adjust the first blade through an os-uteri but slightly dilated; but the space occupied by it so greatly diminishes the cervical opening as to preclude the possibility of passing the second blade. Moreover, the os is with difficulty held by the directing finger in such a manner as to afford the best facility for introduction of the second blade, without the fingers themselves diminishing the required space. To overcome this I have in a few instances seized the os-uteri with bullet forceps and given it into the hands of an assistant, who, by means of it, has held the part in a position better calculated to receive the point of the blade.

When the head lies at the superior strait, wholly or partially engaged, the difficulties are not so great. I employ the same mode of application and introduce the blades in a similar manner.

It will be observed that, thus far, I have made no distinction between the various cranial positions in my description of the mechanism of application, for, in truth, none should be made, since the blades are applied in substantially the same manner in every case. To this a single exception is to be made, and that is in an occipito-posterior position. Inasmuch as the rotation required in these cases is so extensive, in order to bring the occiput to the pubic arch at the close of the second stage, in some instances I have deviated from the routine application described. By introducing the aseptic half-hand into the vagina, it is occasionally possible, by bi-manual manipulation, to rotate the occiput from a backward, to a lateral location, which can be maintained by firm pressure upon the hypogastrium until the forceps have been properly placed. With the long diameter of the head lying in the transverse of the pelvis, I have, in a few instances, succeeded in so varying the application as to throw one blade of the forceps slightly behind the occiput, and its fellow partly over a brow, so as to insure better control of the head and more conveniently enforce rotation within the pelvic cavity. Indeed, I have found it possible, after thus seizing the head, to rotate it moderately and carefully above the brim so as to convert it into an occipito-anterior position. I do not favor introduction of the whole hand within the uterus for the purpose of rotation, and adopt the foregoing expedient only in exceptional instances.

Let us now pursue the mechanism of delivery, in various positions of the vertex, in these cases of high forceps application.

Mechanism of Occipito-Anterior Positions.—In the first position the head is drawn directly downward into the pelvic cavity until it has fully cleared the brim, when rotation is effected by carrying the occiput from its left anterior location to the pubic arch. Firm compression should always be made when forcible traction is to be applied; but it should always be avoided when the descent is easily accomplished. What I design to teach is that compression force should always correspond to the degree of traction force, the main design of it being to prevent slipping of the instrument. The direction of traction, which is at first downwards and backwards, gradually changes during the descent of the head, until, at the moment of exit, it is at a right angle to the long axis of the woman's body.

The mechanism of forceps delivery in the second position differs in no essentials from that which characterizes the first, the directions only being changed.

Mechanism of Occipito-Posterior Position.—A safe and satisfactory delivery of the fœtal head when it occupies an occipito-posterior position demands a good acquaintance with pelvic anatomy, cranial anatomy, instrumental curves, the phenomena of normal labor, and mechanical princi-

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ples in general. We are opposed to forcible manual rotation of the head in these cases, as originally recommended by Parry, through introduction of the whole hand into the uterine cavity, believing it far safer to effect necessary rotation when the head has reached the pelvic cavity. Allusion has already been made to a modified manipulation of these cases, simple in character, and occasionally effectual; but generally I believe it better to allow an occipito-posterior position to descend as such until the head lies low in the pelvis.

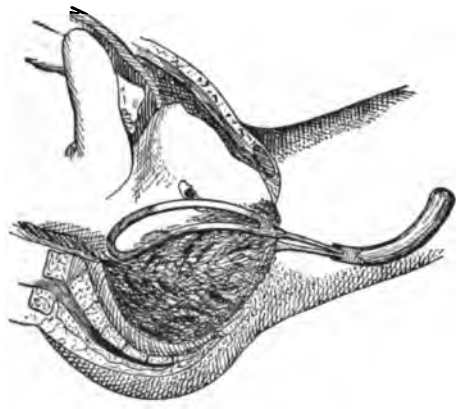

FIG. 4.

Improper application of the forceps in occipito-posterior position (the third).

By means of the forceps, we bring the head, in these cases, as in others, directly downwards until it has fully cleared the pelvic brim, at which point begins the movement of rotation. We are all well aware that many obstetricians regard enforced rotation of the head with the forceps exceedingly dangerous, and we are ready to admit that it may easily become so in the hands of an unskillful operator.

In connection with rotation there are two points of especial importance. (1) That it should not be performed until the hand has fully passed the superior strait. (2) That the axis of rotation be not the long axis of the entire instrument, but merely of the blade proper.

There is great danger to the pelvic structures and to the lower uterine segment associated with efforts to effect rotation at any other stage than that just indicated. This arises in part from the lack of pelvic space, but also from greater difficulty in choosing the proper instrumental axis for the accomplishment of a movement of this character.

When we choose for the axis of rotation the instrumental axis of the entire forceps, the points of the blades are bound to do much damage to the soft pelvic tissues, even though the opportune moment for rotation be chosen. To accomplish the movement safely, then, something different from a mere twist of the instrument is required, and that difference consists, as we have intimated, in choosing the long axis of the fenestrated blade for the axis of rotation, and giving to the handle of the instrument a crank-like motion. When effected in the manner described, I am persuaded that rotation is not attended by any considerable degree of danger.

In the same connection let me add that it is assumed, as a matter of course, that the conditions favorable to facile rotation of the head in normal labor, and especially the condition of firm flexion of the head, are, when necessary, enforced, and therefore form a part of the procedure.

But, owing to the pelvic curve of the forceps, it becomes impossible in these occipito-posterior positions, to proceed far with the rotation without inverting the instrument and seriously endangering the pelvic structures. By the time the head has reached the stage of descent best suited to the performance of rotation, retraction of the uterus has taken place so that this organ is not exposed to special danger. With the head so low, it is quite possible to carry the rotation far enough to bring its long diameter into the transverse of the pelvis, without particular risk, and to this point we seek at first to proceed. The forceps should then be removed, by reversing the movement of introduction, and reapplied, this time by the

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cephalic mode, and in such a manner as to direct the concavity of the pelvic curve of the instrument toward the occiput, when, of course rotation can be completed, and extraction effected.

The double application of the forceps just described, the first by the pelvic mode and the second by the cephalic, requires some study in order to make the mechanism entirely clear to the operator; but it is certainly of the highest importance in the management of these perplexing cases.

What has been said regarding delivery from the brim, of a head when presenting in the left occipito-anterior position, answers for a description of delivery in the second or right occipito-anterior position, the two differing only in the matter of direction of movements.

148 THIRTY-SEVENTH STREET.

(CONCLUDED IN NOVEMBER.)

SPRAIN OF THE ANKLE.

BY EMMETT L. SMITH, M. D.

CHICAGO.

LECTURER ON MINOR SURGERY IN THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

THE traditional treatment of sprains has caused much trouble for the surgeon, and more for the patient, because of pain and loss of time. With the ordinary treatment the patient is told not to use the ankle for several weeks, with the result that the directions are not always carried out, which, with the support that is given the ankle under old methods, tends to prolong the trouble.

A sprain is the sudden stretching or laceration from twisting or external violence of the ligaments of the joint. A sprain may be the result of a self-reduced dislocation. A sprain-fracture is the separation of a ligament or tendon, with the thin shell of bone; thus many cases diagnosed *sprain* are *sprain-fracture*, which accounts for the tardiness in restoring the function.

The synovial membrane is contused or lacerated, hemorrhage and exudation take place in and about the joint, thereby stretching the nerve filaments and causing pain. A sprain predisposes to future sprains in the same joint, on account of the weak muscles and stretched ligaments.

Symptoms.—History of wrenching the joint; severe pain; swelling; partial loss of function; aggravation by motion; if the shock is severe there may be fainting and nausea; nerve-pressure may cause numbness and pressure-œdema; swelling begins in a few hours and pain increases with the distension.

Diagnosis.—The surgeon should first assure himself that there is no complication. Compare with the opposite member. The sprain-fracture is sometimes almost impossible to demonstrate, but it should be kept in mind, and the attachments should receive careful examination.

In fracture there would be crepitus; deformity reducible, but recurring; rotation of bone only moves a part; bony processes occupy abnormal position in relation to that one bone.

In dislocation there would be rigidity; altered shape of the joint; deformity, corrected on reduction; no crepitus; rotation moves the entire bone; and bony processes occupy normal position in relation to that one bone.

Crepitus may be simulated in cases where there is inflammation of the articular surfaces.

Treatment.—The status of the case of sprained ankle is that the relaxed or stretched ligaments are supporting the joint. Now, the question is whether these ligaments will resume their normal contractions around the joint sooner if allowed to remain perfectly quiet, or otherwise. It would not be expected that a muscle would become strong and contract if it was put at perfect rest, but relaxed and weak as found in every case where a plaster-of-Paris bandage is removed. Therefore the normal motion of the ankle assists the circulation and acts as massage to

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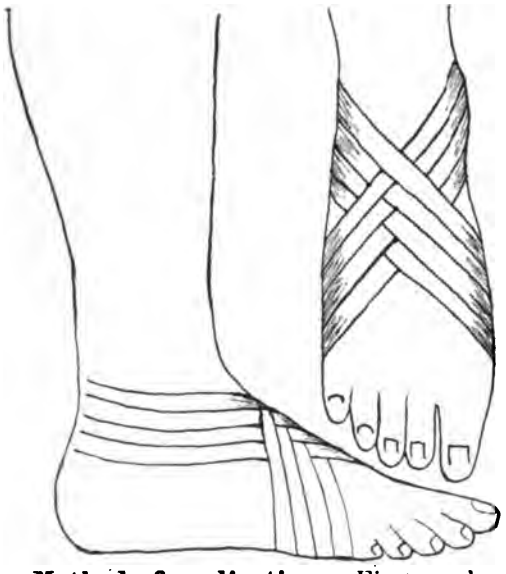
the relaxed ligaments, *provided* the ankle is supported externally by the "artificial ligaments."

Rubber adhesive strips, in treatment of sprain of the ankle, were used by Gross, and revived by Gibney some two years ago. These adhesive strips, when firmly applied, and not cutting off the circulation, furnish the patient with support for the joint similar to the ligaments; in fact, they act as artificial ligaments, while the natural ligaments are returning to their normal condition.



Method of application.—First wash with soap and water, and in some cases it is better to cut or shave the hair where the adhesive strips come in contact with the skin. Secure some fresh rubber adhesive, being careful to avoid using any that is old, as it's adhesiveness is lost and it is liable to stick to the skin when removed. The strips should be about 8 to 10 inches in length, and from ½ to ¾ inches wide.

Start one strip (see Figure) at the outer border of the foot, near the little toe, bring it backward across the anterior surface of the ankle and carry around the ankle joint on the inner side, the first strip coming about an inch below the internal malleolus and just before it reaches the posterior line over the tendo Achilles. The second strip is started on the opposite side of the foot, over the head of the first metatarsus, bring it backward across the anterior surface of the ankle, and carry around the ankle joint on the outer side, just below the external malleolus, and cutting just before it reaches the posterior line over the tendo Achilles.

Four to six strips are applied alternately on each side. The second strip is started just back of the first one, and, as it encases the ankle it is above the first one. Thus it will be seen that if these strips were continuous, it would make a figure-of-eight bandage. The bandages should overlap slightly, and should be notched, if necessary, to make them fit perfectly tight. A very small pad of absorbent lint should be placed over each bony prominence. If, now, the sprain has been outwards, then a final strip about one inch wide should be started about six inches above the external malleolus, come down tight over the ankle joint, and then by drawing the foot in the opposite position to that of the strain, the adhesive strip is carried under the plantar surface, and cut when it reaches the lowest strip on the opposite side. If the strain on the ligaments has been general, this strip can be carried up so that it will be opposite the starting-point.

By this method it will be seen that the sooner the adhesive strips are applied the better it will be for the case. However, if later, the swelling can be reduced by elevating the foot and applying Martin's bandage. The adhesive strips should be worn from two to six weeks. If they should become loose, and not support the joint, the ends should be reapplied, or new strips should be applied.

The author has used this method in enough cases to warrant this publication, in order that those who have not used it may profit by it. It allows the patient to continue his duties with-

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out loss of time, and it avoids the use of crutches. The support gives immediate comfort to the patient.

525 GRAND BOULEVARD.

CHOREA AND ITS GENERAL MANAGEMENT.

BY C. T. HOOD, M. D., CHICAGO.

ASSOCIATE PROFESSOR OF MENTAL AND NERVOUS DISEASES IN THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

THERE is perhaps no disease of the nervous system that the general practitioner is so frequently called upon to treat as chorea. I think I express the sentiment of the average physician when I say that, as a rule, the treatment of these cases gives as little satisfaction as any work he does. It is with the hope of adding something to the known management of these cases that this paper is written.

Chorea may be defined as an alternating contraction and relaxation of voluntary muscles, occurring involuntarily. If this be true, and I think every physician of experience will admit that it is true, then anything that will, directly or indirectly, produce an involuntary contraction and relaxation of voluntary muscles may cause chorea. But what may cause contraction of voluntary muscles?

1st. A motor impulse set free from the motor center in the brain and transmitted to the muscles by the motor nerve fibers.

2nd. A motor impulse set free from the multipolar cells of the anterior horn of the cord, and conveyed to the muscle.

3rd. Irritation of the cells in the motor area of the brain, as from a piece of bone, local inflammation, the pressure of a blood-clot, local spots of softening, pressure upon the motor nerve, or irritation of the motor nerve along its course to the muscle.

4th. Irritation of the multipolar cells in the anterior horns of the cord.

5th. Any form of peripheral irritation that may be transmitted to the motor center, as irritation from the eyes, nose, throat, teeth, stomach, bowels, rectum, clitoris or prepuce. Irritation of a sensory nerve fiber to the cord or the motor nerve.

6th. An impulse from the higher physical centers in the frontal lobes transmitted to the motor center, and, as a result a motor impulse is liberated causing a voluntary muscular contraction.

7th. Irritation of the *corpora striata.*

We know that these are physiological facts. What, then, can produce an involuntary contraction and relaxation of voluntary muscles, or chorea?

1st. Anything that may cause pressure upon the center in the brain or cord, as softening, bone, blood-clot, or anything that will produce irritation of the motor nerve fibre on its way to the muscle, or pressure on the motor fiber in the capsule, or chronic degeneration of the motor fiber, producing the first form of chorea, or the *organic form*, or as it is often called, the *post-hemiplegic chorea.*

2nd. Any form of peripheral irritation, as from the eye, nose, stomach, bowels, clitoris, prepuce, rectum, etc., that may be transmitted by sensory fibres to the motor center and cause an involuntary contraction, giving us the second kind of chorea, or the *irritative form*, or *reflex chorea*, as it is called.

3rd. As the proper liberation of motor impulses from the motor center depends to a very great extent upon their trophic condition, so anything that lowers the trophic condition of these centers, as mal-nutrition, will be a cause for involuntary contraction, giving us the third form of chorea, or the *trophic form.*

4th. As the higher center, or the physical center, in the frontal lobe may cause a motor contraction by its action upon the motor center, so anything that interferes with the integrity of the psychical center, as fright, emotion, etc., may cause chorea, giving us the fourth form of chorea, or the *psychical form.*

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We may, therefore, divide chorea into four forms, according to its etiology, physiology, and pathology, as follows:

1st. The Organic;
2nd. The Reflex;
3rd. The Trophic;
4th. The Psychical.

Thoroughly understanding the etiology and the various forms of the disease, we are in shape to take up the general consideration of the management of these cases. It will be very plain from a careful consideration of the subject thus far that no stereotyped treatment for this disease can be successful, unless it be in a few cases, thus accounting for the indifferent success attained by the general practitioner who treats each case simply by name, without any reference to the etiology or variety of the affection.

TREATMENT.

1st. The management of the *organic form.* The management of this form is the treatment of the organic condition producing the choreic movements. If it be the result of a depressed bone, of neutrotic softening, or of irritation of the fiber in the internal capsule, as from disease of the *corpora striata*, or as the result of a clot and the cystic changes resulting from it; or if the choreic movements result from irritation of the motor nerve, as in degeneration of the nerve fiber, there is but little to do. In fact, as has already been suggested, the treatment of this form of the disease is the treatment of the organic condition preceding it.

2nd. The management of the *Reflex Chorea.* This variety of the affection makes up a large per cent. of the cases that come under treatment. They are the result of any kind of peripheral irritation grafted upon a neurotic temperament. The first indication in these cases is to find and remove all sources of local or peripheral irritation. By this I mean anything that can possibly be an irritant.

These cases require plenty of outdoor exercise; the bicycle, boating and riding, and, in fact, anything that will tend to expend the nervous supply in a natural way. Physical culture has been of great service in the management of these cases. Attention must, of course, be paid to nutrition, secretion and excretion, with regular hours for sleep. If the child is in school it should be taken out, but school work need not be discontinued entirely in these cases. You must not lose sight of the fact that very often after all sources of peripheral irritation have been removed, there remains the habit that must be broken up. Electricity will assist in this; a downward galvanic current, from 5 to 15 milliamperes over the spine, followed by the Faradaic current. Massage over the spine will benefit. Such drugs as Agaricus, Gelsemium, Belladonna, Hyoscyamus, Aconite, Cimicifuga, Santonin, etc., will be of use.

The management of the 3rd form of chorea, the trophic, or the nutritional form.

These are the children that have weak and nervous parents. Some form of nervous trouble has been in the family for generations; they are nervous little children, poor sleepers, and, as they grow older, have enuresis. As they reach puberty, or even before, they begin to show signs of chorea, and especially is this true after a hard day's play. In school-work they are fretty, and have a great deal of trouble with their lessons, although as a rule they learn well. They are pale and anæmic. There is this peculiarity about the choreic movements in these cases, they do not, as in the other forms of the disease, come on all at once or in a few days, but the child shows signs of the affection at intervals for several weeks, and often for months. I have mentioned these points in reference to this variety of the disease in order that no mistake be made in the management of these cases, as their

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management is very different from that of the reflex cases.

1st. Remembering that there is a lowered state of nutrition, and that anything that will increase the general nutrition will be of service in the management, the first indication is rest. By far the best method of treating these cases is to put them to bed and feed them with easily digested foods, electricity, as already advised, and general tonic treatment. These are the cases in which Arsenic, or Fowler's solution, is so beneficial. The old-school physicians have used Fowler's solution for many years in the treatment of chorea, and have been successful in many, but not in all, cases. You can readily understand why. Simply because tonic treatment is not necessary or indicated in all forms of chorea. Such drugs as Arsenicum album, Arsenicum iodide, Phosphorus, Iron, Magnesia phos., China ars., etc., are the remedies most often of service in this form of the disease, but the things of most importance are *first*, REST, which is best secured in bed; *second*, FOOD, even to stuffing.

The management of the fourth form of chorea, or the *psychical* form, is by far the most difficult. These are the cases where there is poor nutrition, but not to such extent as to give the trophic form a neurotic tendency, but rather a psychical disturbance.

In this form of the disease, as in all other forms, all local sources of irritation must be removed; digestion corrected, diet regulated, nutrition and all that pertains to it provided for and attended to. But the most important element in the case is to obtain and retain the confidence of the patient. You cannot cure these cases by drugs; they will not get well by rest, food or exercise; but all these things, and anything that may possibly be of service must be used. But unless you gain the confidence of your patients, and convince them that you can and will cure them, your work will be for naught. Not only must you do this, but you must obtain and retain the confidence of the friends and those around the patient, and everything that is said to the patient must be of an encouraging nature. The thought must be kept constantly in mind that they can and they will get well. Do not allow any one around the patient to make any remarks about the patient except that he is improving. In these cases all mental work must be stopped, and especially must everything of an emotional nature be discontinued, dancing, theaters, trashy novels, etc., and everything that tends to excite the emotions. In their place should come out-door exercise of every kind, especially at the sea-shore and in the lower altitudes.

Any drug may be indicated in this class of cases, but the most frequently indicated are, Aconite, Ignatia, Cimicifuga, Conium, and Gelsemium.

MARSHALL FIELD BUILDING.

A CONFUSING CASE OF APPENDICITIS.

BY HOWARD CRUTHER, M. D.

CHICAGO.

PROFESSOR OF SURGERY IN THE DUNHAM MEDICAL COLLEGE, CHICAGO.

IN the early days of July, 1896, Dr. Helen M. Parker called me to see one of her patients, a girl of 18, who, for abont ten days, had been suffering from acute pains in the abdomen. For a time the pain was mostly left-sided, but it had finally located on the right side. There were slight flushes of heat, accompanied by slight sensations of chilliness. The right rectus muscle was very tense; the abdomen generally was slightly distended; there was acute pain over the appendicular region; the pulse indicated nothing of moment. The pains had been so acute, the symptoms of pus so decided at times, and the facial expression so characteristic of abdominal distress, that I feared the presence of one or more abscesses. The patient's appearance indicated a tuberculous tendency, but close inquiry failed to elicit definite

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symptoms of importance. That she was well calculated to "run to pus" was quite evident. It is interesting to note that there was no history of constipation.

An exploration was decided upon. A very small incision over the cæcum brought the appendix to view. It was bent upon itself at an acute angle, and strictured near the tip. Pus was in its lumen. No meso-appendix was present, but a large artery coursed along the mesenteric border. This vessel was two-thirds as large as a goose quill, and was accompanied by two veins, all of which were secured by a separate ligature. There was also an artery along the free border of the tube, but it was small. The appendix was removed and the stump buried as usual. Recovery was prompt.

Following the operation, there was suppuration in the layers of the abdominal wound. There was assuredly no infection inside the peritoneum outside of the appendix, and careful search did not reveal a single adhesion elsewhere. The suppuration came from the internal oblique, which is the one great obstacle to prompt union in wounds of this kind. There is never any trouble with the peritoneum, or with the transversalis fascia and aponurosis, all of which are closed with one suture.

The internal oblique is divided at nearly right angles with its course, and gaping is almost invariable. It is a matter of extreme difficulty to prevent the existence of small cavities, which fill with serum and start suppuration. To avoid this annoyance, I shall hereafter insert, first of all, silkworm gut sutures through everything down to the peritoneum, leave them untied, draw them aside and close the peritoneum as usual. The external oblique and the skin will be united in layers. I shall then depend upon the deep sutures to coäpt the divided internal oblique and obliterate any small gaps in which serum can collect. Of course, the success of this plan will depend upon the skill with which the silkworm gut is placed, the aim being to include a very deep layer of the offending muscle. This can be done safely with the finger inside the cavity.

There is one serious and perhaps fatal objection to the incision at the outer border of the rectus muscle. If the cut is carried too far down, the epigastric artery is directly in the path of the knife, and in certain cases of appendicitis a roomy incision is absolutely necessary. The proper incision in all doubtful cases is the median line. A lateral cut is, however, generally to be preferred. When an abscess is present, the incision must be directly over it, no matter what its location may be, and great caution must be exercised in not opening the general cavity beyond the abscess walls.

103 State Street.

Lea Bros. & Co. announce the publication, on the first of the current month, of a revised edition of Gray's anatomy. The publishers tell us that in this new edition every page has received the careful scrutiny of a corps of eminent American anatomists; and such changes have been made as are necessary to represent the advances in anatomical knowledge and in methods of teaching since the recent issuance of the thirteenth edition. The section on the brain, spinal cord, and viscera has been entirely rewritten, and the new matter added throughout will increase the work by about seventy-five pages.

In the mechanical execution no effort has been spared to render the revision worthy of a continuation of the reputation won by "Gray" during the past forty years as "the foremost of all medical text-books."

On behalf of the profession in Chicago, and the entire tributary country, we extend to Dr. W. A. Dewey a cordial welcome, and we are safe in giving him assurance that the news of his appointment will be received with expressions of sincere gratification by all the friends of our school.

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BOOKS.

Clinical Diagnosis.

A MANUAL OF CLINICAL DIAGNOSIS, By Means of Microscopic and Chemical Methods, for Students, Hospital Physicians, and Practitioners. By *Charles E. Simon, M. D.*, Late Assistant Resident Physician, Johns Hopkins Hospital, Baltimore. 132 Illustrations on Wood and 10 Colored Plates. Philadelphia and New York: Lea Brothers & Co. 1896. 8 vo. pp. 504.

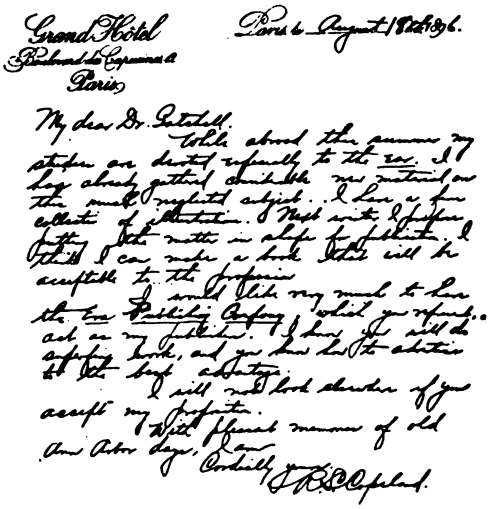
Hardly too much commendation can be bestowed on Dr. Charles E. Simon's work. The subject-matter covers the examination of the blood, the secretions of the mouth, the gastric juice, feces, nasal secretion, sputum, urine, transudates, exudates, cystic contents, semen, vaginal discharges, and milk. To appreciate the labor involved, together with the learning and judgment shown in writing this book, one must needs be an author himself and attempt to equal it. In view of the importance which is now attached to examination of the blood and gastric contents the modern and accurate information given on this subject renders the book worth purchasing for this alone, if for nothing else.

Some two hundred pages are devoted to consideration of the urine. Nothing has as yet been published in this country more satisfactory in point of accuracy completeness and modernness than this chapter on diagnosis by the urine. Especially commendable are the sections on uric acid, the albumins, carbohydrates, the urinary pigments, on which Dr. Simon has done original and careful work, the conjugate sulphates, and the rarer urinary sediments.

It is gratifying to have on our shelves a book by an American author which not only does not suffer by comparison with European one's, but is distinctly superior to several with which we are all familiar.

The typography and illustrations are of the best, the colored plates being particularly good. C. M.

Another New Book.



The above letter, translated, reads as follows:

GRAND HOTEL
Boulevard des Capucines, 12
PARIS.

PARIS, *le August 18, 1896.*

My Dear Dr. Gatchell:

While abroad this summer my studies are devoted especially to the *ear*. I have already gathered considerable new material on this much neglected subject. I have a fine collection of illustrations. Next winter I purpose putting the matter in shape for publication. I think I can make a book that will be acceptable to the profession.

I would like very much to have the Era Publishing Company act as my publishers. I know you will do superfine work, and you know how to advertise to the best advantage.

I will not look elsewhere if you accept my proposition.

With pleasant memories of old Ann Arbor days, I am, *Cordially yours,*

R. S. COPELAND.

Immediately on receipt of this letter we made haste to accept Dr. Copeland's proposition, and, as a consequence, next Spring we shall have the pleasure of presenting to the profession a new work on the "Treatment of Diseases of the Ear."

Dr. R. S. Copeland who is Professor of Ophthalmology and Otology in the Homœopathic Medical College of the University of Michigan, is well equipped for his task, and the profession may depend upon getting a book

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on the homœopathic treatment of the ear, of which the practitioner who is not in a city where such cases can be referred to a specialist, is very much in need.

The Era Publishing Company is glad to add Prof. Copeland's name to its rapidly growing list of authors.

New Work on Surgery.

A TREATISE ON SURGERY BY AMERICAN AUTHORS. For Students and Practitioners of Surgery and Medicine. Edited by *Roswell Park, M. D.*, Professor of the Principles and Practice of Surgery and of Clinical Surgery in the Medical Department of the University of Buffalo, Buffalo, New York, etc., etc. Volume I., General Surgery, with 356 engravings and 20 full page plates in colors and monochrome. Lea Brothers & Co., Philadelphia and New York, 1896.

Following directly upon the concluding volume of the System of Surgery by Dennis we have the issue by Lea Brothers & Co. of Park's Treatise. This book, edited by Dr. Park, who contributes sixteen of its thirty-seven chapters, is one that we can heartily commend to the notice of the profession.

Part I., treats of Surgical Pathology, and in the limited compass of five chapters gives a thoroughly advanced view of the subject and includes a valuable contribution in the shape of a chapter upon the surgical pathology of the blood.

Part II., on "Surgical Diseases," opens with a chapter upon "Auto-Infection, Especially in Surgical Patients." This is a subject which is, we believe, much neglected by most practitioners. Were this subject generally well understood many of the fatal results following quickly upon operation and generally known as "Surgical Calamities," might be averted. Surgical diseases are thoroughly treated. In the chapter on Tuberculosis the author makes emphatic protest against the use of the term pyogenic to designate the membrane of cold abscess. In view of the fact that it is not *pus generating* but a barrier against invasion of the surrounding tissues by the abscess contents, he insists upon the use of the term *pyophylactic*, as suggested in his Mütter lectures in '90–'91. This we believe to be a good term, as the older one is erroneous and misleading.

Part III., deals with "Surgical Principles and Methods," including an able chapter by Hare upon the perplexing subject of "Anesthesia and Anesthetics."

Part IV., on "Injury and Pepair" is written wholly by Nancrede, who gives a clear account of the various forms of injury to different tissues, and also of antisepsis and asepsis.

In Part V., under "Surgical Affections of the Tissues and Tissue Systems," the subject of cysts and tumors is well presented by Park. The author is to be congratulated upon the thoroughly succinct and practical character of this chapter. Would space permit we should like to call particular attention to almost every chapter in the book. A high standard of excellence is maintained throughout the work and the volume is complete in itself. The student will find it thoroughly scientific and up to date in its teachings, while the practitioner can have no better work of its size in hand. The publishers have turned out an elegant book—the typography is excellent and the paper good. A large number of the illustrations are original and, save a few of the cuts illustrating the histology of morbid growths, everything that could be desired. We shall look with much interest for the appearance of the second volume on Regional and Visceral Surgery. ADAMS.

Blakiston's Compend No. 7.

A COMPEND OF GYNECOLOGY. *By William H. Wells, M. D.*, Adjunct Professor of Obstetrics in the Philadelphia Polyclinic. With 150 illustrations. Philadelphia: P. Blakiston, Son & Co., 1896 (80 cts.), 12 mo. pp. 262.

Well's Compend of Gynecology, Blakiston's "Quiz Compend," No. 7, gives the salient points of this specialty in convenient shape for the student.

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Homœopathic Medical Society of Chicago.

THE NEXT MEETING OF THIS SOCIETY WILL BE HELD IN APPOLLO HALL, ON THE EVENING OF OCTOBER 15, AT 8:30 O'CLOCK. THERE WILL BE THE FOLLOWING

PROGRAM:

I. *Essayist:*—Jno. W. Streeter, M. D.
Subject:—"Treatment of Retroversion of the Uterus."

Dr. Streeter does not agree with the commonly accepted theories as to what *supports* the uterus. In this paper he will describe the measures—medicinal, postural, mechanical and surgical—necessary to restore the displaced organ and maintain it in position.

Discussion:—To be opened by Dr. E. S. Bailey.

II. *Essayist;*—B. S. Arnulphy, A. M., M. D.
Subject:—"The Angina that Kills."

Dr Arnulphy's paper will present: General remarks on the subject of *Angina Pectoris;* two great classes of that affection: the angina that kills, and the angina that cures (or can be cured); nature of the fatal variety—its pathology and clinical evolution. Can it be recognized *ante mortem?* Can it be cured or prevented?

Discussion:—To be opened by Dr. J. S. Mitchell.

III. Presentation of Pathological Specimens, with five-minute remarks.

It is suggested, and earnestly recommended, that all members intending to take part in discussions at future meetings shall make preparation by special study of the subjects announced.

Those who take part in discussions are respectfully reminded that no more than *five minutes* can be allowed to each participant.

All members who may have recent pathological specimens, acquired in their practice, are invited to bring them to future meetings and present them, with brief accompanying remarks.

PROGRAM OF FUTURE MEETINGS.

November 10,	Dr. Geo. F. Shears; Dr. Clifford Mitchell.
December 10,	Dr. J. S Mitchell; Dr. H. V. Halbert.

1897.

January,	Dr. E. S. Bailey; Dr. Wm. G. Willard.
February,	Dr. Julia Holmes Smith; Dr. W. W. Stafford.
March,	Dr. R. Ludlam; Dr. A. C. Cowperthwaite;
April,	Dr. H. R. Chislett; Dr. Howard Crutcher.
May,	Dr. R. N. Foster; Dr. C. Gurnee Fellows.
June,	Dr. A. K. Crawford; Dr. Ch. Gatchell.

The subjects of papers, so far as already announced, will be as follows:

Dr. G. F. Shears, "Surgical Treatment of Inflammation of the Bladder."

Dr. Clifford Mitchell, "Hematuria."

Dr. J. S. Mitchell, "Treatment of Phthisis Pulmonalis."

Dr. E. S. Bailey, "The Renal Insufficiencies in Relation to the Medical Diseases of Women."

Dr. Wm. G. Willard, "Ectopic Pregnancy."

Dr. Julia Holmes Smith, "A Consideration of Some Pathological Conditions at the Time of Puberty."

Dr. C. Gurnee Fellows, "The Eye Symptoms of Bright's Disease." [Illustrated.]

Dr. Howard Crutcher, "Treatment of Postpartum Hemorrhage"

Dr. Ch. Gatchell, "Nature and Diagnosis of Phthisis Pulmonalis."

Announcement cards will be sent to all Chicago physicians two days before each meeting.

CH. GATCHELL, M. D., *Pres't.*
JOS. P. COBB, M. D., *Sec'y.*

GEORGE H. QUAY, M. D., Professor of Diseases of the Nose and Throat in the Cleveland Medical College, is author of a work on "Diseases of the Nose and Throat," which Boericke & Tafel have in press. Dr. Quay's long experience in his specialty eminently qualifies him for his task, and we look for a valuable book.

DR. GEO. T. GREENLEAF, formerly of England, has removed to Redlands, Cal., where he has engaged in practice.

In September.

The MEDICAL ERA sent out 10,000 return postal cards to homœopathic physicians in all parts of the United States. On each one we asked the subscriber's opinion on the subject of SILVER OR GOLD. More than 3,000 replies have been received, and still they are coming in every mail. Those who returned the cards may be interested to learn how the balloting goes. Here are the figures, to date, for the Middle Western States:

	Gold.	Silver.		Gold.	Silver.
Michigan	226	79	Nebraska	62	20
Indiana	122	41	Kansas	82	46
Illinois	431	57	Missouri	108	83
Wisconsin	168	24			
Minnesota	128	47	Totals	1,487	449
Iowa	165	52			

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CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

The twenty-second annual opening exercises of the Chicago Homœopathic Medical College were held at the college building on the evening of Sept. 15. After invocation, and music by the Imperial Quartette, Dr. E. H. Pratt gave the introductory address to a class that filled the amphiteatre.

The president, Dr. J. S. Mitchell, followed in an address in which he reviewed the work of the school.

After the exercises a reception was held, and the college building visited in all its parts. No one was better pleased than Dr. Clifford Mitchell, with his new chemical laboratory that has been added since last year. It is as large and complete as is found in many endowed institutions.

Homœopathic Medical Society of Chicago.

The first meeting for the season of this society was held in Apollo Hall, Sept. 15, with an attendance of one hundred and sixty physicians.

Dr. Sheldon Leavitt read a carefully prepared paper on the "Obstetric Forceps," illustrated by manikin.

The discussion on Dr. Leavitt's paper was opened by Dr. L. C. Grosvernor, who was followed by Drs. A. C. Cowperthwaite and Wilson A. Smith.

Dr. Chas. Adams read a paper on "Reckless Surgery," in which he strongly condemned the *furor operations* that possesses, to an unusual degree, many surgeons of the present day.

The discussion on Dr. Adam's paper was opened by Dr. H. R. Chislett, who was followed by Dr. J. J. Thompson.

Dr. A. E. Thomas presented two cases of rare and anomalous forms of heart disease.

THIS is an *Era* of low prices, and here is a low-priced ERA.

HAHNEMANN MEDICAL COLLEGE OF CHICAGO.

On the evening of Sept. 15 Hahnemann Medical College and Hospital had its thirty-seventh annual opening exercises, attended by a large class of students. The dean, Dr. C. H. Vilas, made the address of welcome, and, after music by the college quartette, Dr. Howard Roy Chislett gave the introductory lecture. The president, Dr. R. Ludlam, and the vice president, E. M. Phelps, Esq., following in short addresses.

Dr. Geo. F. Shears made the announcement that Mrs. Caroline E. Haskell, a former benefactor of the hospital, had authorized him to purchase for the benefit of the hospital the vacant lot adjoining that building.

ARRANGEMENTS have been made whereby Dr. Leavitt's valuable paper on the "Forceps" is published simultaneously in the ERA and in our esteemed contemporary, the *Clinique*.

Only one Guess Apiece.

From the editorial page (432) of a Chicago blanket sheet we extract the following:

"Bickering and strife, whose chief object in life seems to be to spend his energies in throwing mud at others, and in creating disturbances."

Of all the physicians in Chicago, to which one are these words most applicable? [No use to guess again; you've hit it first time.]

A Correspondent

In Genœa, Illinois, sends the following proposition on a post-card:

"I did not WAIT long enough for Surgery. How will you trade Adams' and Chislett's for a copy of the most wonderful production of the 'Century'? It is nearly equal to Gunn's Domestic Practice. It is a chance for your life."

We regret not to be able to accommodate our friend, but we have already had to decline several such generous offers. It is too much. But, as Artemus Ward once said, "It is on account of the muchness that we decline."

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THEY SAY

THAT a lie travels by wire, the truth by mail.

THAT a new way to pay old debts is to pay them.

THAT one's regrets may be measured by one's sufferings.

THAT figures don't lie, but liars will figure just the same.

THAT if you want to see a chip of the old block, axe the old block.

THAT a self-made man often relieves the Lord of a great responsibility.

THAT if bootjacks were bouquets a cat's life would be strewn with roses.

THAT you should be content with your lot, especially if its a corner one.

THAT experience is the best teacher but the price of tuition is pretty steep.

THAT a hypocrite is a man who tries to be pious and can't, with the accent on the cant.

THAT there are two classes of people who are hard to convince against their will—women and men.

THAT a man will never make both ends meet if he is too busily engaged in making one end drink.

THAT there is a girl in Chicago whose name is Adeline Moore, and just for fun they call her "Postscript."

THAT no one knows what will occur tomorrow, and yet all are trying to find out what will happen in eternity.

THAT people who fall from balloons seldom tell how it happened.

THAT a man who thinks he has no equal must be very lonesome.

THAT there's no luck in horse-shoes; they never make both ends meet.

THAT the uses of adversity may be sweet, but children don't cry for them.

THAT girls are seldom what they seem; but then, they don't want to be.

THAT thirteen is an unlucky number when judge and jury are all against you.

THAT you should believe only half that you hear, but be sure to select the right half.

THAT every man is more or less of a hypocrite except when he is all alone by himself.

THAT you should not judge a man's character by the umbrella he carries; it may be borrowed.

THAT there are some men who act according to their lights, but more who go according to their livers.

THAT an egotist is a man who listens very hard when he is talking to you, but is hard of hearing when you are talking to him.

THAT there is a difference of opinion whether the remedy to be prescribed for the present disease of the body politic is the night-rate of silver or the day-rate of gold.

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OCTOBER BARGAINS.

FOR SALE.—McINTOSH OFFICE TABLE PLATE, in polished walnut case. Galvanic *double* switch board; buttons for 30 cells; Faradic coil; pole changer; two binding posts, with galvanic, primary or secondary Faradic currents.

Original cost, $38.00; $26.49 will take it, if no higher bid comes ahead of yours.

FOR SALE.—ATKINSON'S TOEPLER ELECTRIC MACHINE. Static electricity. In mahogany finish. The best *static machine* on the market. Has been used, but is just as serviceable as if brand new. A superb machine.

Original cost, $125. An offer of $77.69 will take it, if no higher bid comes ahead of yours.

FOR SALE.—This handsome COLUMBIA OPERATING AND EXAMINING TABLE. Has been used, but is in first-class condition, and in all respects as good as when new. It cost $30.00. Will be sold at a *bargain*. Make an offer of $19.27, and if a higher bid does not come ahead of yours, you will get it.

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Advantages of a Family Physician.

"Doctor, my wife has insomnia—lies awake most of the night. What shall I do for her?"
"Get home earlier."

A Professional Inquiry.
From L'Illustration.

"Doctor, I have a slight disorder of the stomach. I have been dining with Li Hung Chang.
"Ah? Did you eat many bird's nests?"

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IMPORTANT ANNOUNCEMENT.

THE ERA PUBLISHING COMPANY, CHICAGO, takes great pleasure in announcing that it will soon favor the profession with a work of exceptional interest—*A Pocket-Book of Urinary Analysis*, by Prof. Clifford Mitchell, A. M., M. D.

DR. CLIFFORD MITCHELL, in his special department, has no superior in America or Europe. His vast experience, embracing a record of three thousand examinations of the twenty-four hours' urine, together with unlimited laboratory and clinical facilities for study, observation and research, has eminently qualified him for his task. His many valuable papers contributed to the pages of the *North American Journal of Homœopathy*, the *Hahnemannian Monthly*, the *Medical Era*, and other journals, have made him widely and favorably known to the profession, while his fifteen years spent as an instructor in class-room and laboratory have served to make his accurate and pains-taking methods familiar to numberless physicians and students.

The ERA PUBLISHING COMPANY, which will have the privilege of issuing this book, wishes to emphasize the fact that DR. MITCHELL'S forthcoming work is one of exceptional interest and value. From what we have already seen of the manuscript and proof-sheets we are in a position to assure the profession that the work, on the subject of which it treats, has no equal in all literature. The amount of original matter that it contains, the subjects considered, the systematic arrangement, the *special features*—never before contained in any book—the convenient tables, the clinical data, the useful hints, the laboratory exercises—so clearly described—the numerous cuts, and, above all, the *absolute reliability* of every recommendation in the entire work, combine to make this book, without exception, the most valuable work on the subject that has ever come from the pen of any author.

By *absolute reliability*, we mean that the author takes *nothing on trust*. DR. MITCHELL has included in the work much that is original, for which he is authority. Aside from this, much of the subject matter entering into a work of this character belongs to the profession's common fund of knowledge. But even this has not been "quoted," or taken on trust; the accuracy of every statement has been tested, and the value of every recommendation has been confirmed by repeated verifications, before being adopted and again offered to the profession through the medium of these pages.

The ERA PUBLISHING COMPANY is doing its part of the work of production in the manner for which it is so well known. It has placed no limit on the number of illustrations that the author may choose to introduce into the pages, but has encouraged him to see that nothing of value is omitted—an injunction wholly needless in the case of one who is so thorough in all that he undertakes.

It will be a pleasure to present to the profession a work so worthy, and of so great value as Mitchell's "*Pocket-Book of Urinary Analysis.*" Our friends of the other school have nothing of the kind that equals it.

ERA PUBLISHING COMPANY.

SEVENTY, STATE STREET,
Chicago, June 1, 1896.

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WAIT!

COPY OF
TITLE-PAGE

MANUAL OF SURGERY

WITH SPECIAL REFERENCE

TO

DIAGNOSIS AND TREATMENT

BY

CHARLES ADAMS, M.D.

PROFESSOR OF SURGERY AND CLINICAL SURGERY IN THE
CHICAGO HOMŒOPATHIC MEDICAL COLLEGE

AND

H. R. CHISLETT, M.D.

PROFESSOR OF SURGERY AND CLINICAL SURGERY IN
HAHNEMANN MEDICAL COLLEGE, CHICAGO

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Notes on Books Just Published:

Raue's Special Pathology. Fourth edition, thoroughly revised and augmented, and brought up to date. It is at once our oldest and newest work on Homœopathic practice. It stands for pure Homœopathic practice. Its "Therapeutic Hints" are worth all the volume costs.

Custis' Practice of Medicine. The whole practice condensed into a pocket volume that is mighty handy to have. Round corners, gilt edges, and flexible leather binding.

Hahnemann's Chronic Diseases. New translation, literal and accurate. There is no modern medical book that is more "up to date" than this one—it is ahead of date, and when the world grows up to it the world will be medically better. Fact! Get this book into your head, and practice, and you will be the gainer.

Hahnemann's Defense of the Organon. Translated from the German by R. E. Dudgeon, M.D. This is a work by Hahnemann never before published in English. It is the only "defense" he ever made. He carries the war into Africa.

Burnett's Delicate, Backward, Puny and Stunted Children. Those who admire the right-to-the-point style of Burnett will take pleasure in this his latest book and learn many things hitherto undreampt of in medicine.

Sexual Ills and Diseases. A compilation and condensation. Handy and clean book for those who do not want to talk on this subject.

The foregoing is our list for 1896. More to rapidly follow.

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Hood's Manual of Electro-Therapeutics. By C. T. HOOD, M. D. Octavo. 190 pp. Profusely Illustrated. Price, $2.00. Just from the Press.

The Practice of Medicine. By EDWIN M. HALE, M. D., author of "New Remedies," "Lectures on Diseases of the Heart," "Medical and Surgical Diseases of Women," etc. Octavo, 1031 pp. Price, cloth, $6; sheep, $7.

The Diseases of Children and Their Homoeopathic Treatment. A Text-Book for Students, Colleges and Practitioners. By ROBERT N. TOOKER, M.D., Professor of Diseases of Children in the Chicago Homœopathic Medical College. Octavo, pp. 829. Price, cloth, $5; sheep, $6.

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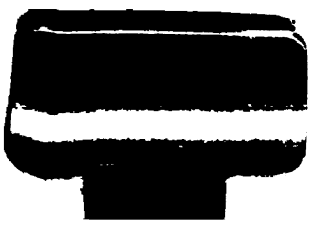

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